

PUBLIC RECORDS REQUEST FORM

Name:			ck News DEPT MR32374 phland Ave		
Beryl Lipton		City: Spinstville	State: M	A Zip: 0	2144
Phone No.: 617-299-1832	Cell No.		E-Mail:32		quests.muckrock.com
The employee having custody of public records the public record. The employee having custo notification of the need for additional time. If administrator, if written appeal is filed within fwithin five working days, which will be heard long as that appeal is filed no later than thirty a Title of Record(s): Protested to	dy of the public the request is dive working days at the next regulays after assemb	records shall respond with enied in whole or in part, y . If you are not satisfied with ar scheduled assembly mee. ly action.	in ten working days of the re ou will be notified in writing. In the ruling of the municipal a	equest. This time fro You may appeal the dministrator, you ma	me may be extended by denial to the municipal y appeal to the assembly
Date of Record(s):					
Description of Record(s): Ple record(s) for you as quickly a	-	e any additional ir	formation that will	assist us in lo	cating the
Any and all materials regarding or referen	cing the poten	tial of a privately-operate	d prison within the jurisdic	tion of this agenc	y. Please include
(but do not limit to): - All communications between any repres Other communications (emails, letters, to - Requests for Proposals and all associate	ext messages,	etc.), - Memorandums of	understanding, - Contracts	s and associated a	mendments, exhibits
• Requestor's Signature:	ul 00 di	īc		Date:	August 9, 2019
*** Please Note: This form m			to the Municipal Cler	k's Office for	*
	-	FOR OFFICE USE		•	
Photocopies	\$	25 per page + tax			\$
Assembly Packets		00 each packet + tax			\$
Audio Copy		00 each + tax			\$
• Video Copy	\$ 25.	00 each + tax			\$
Mylar Copies of Plats		00 per mylar copy +	tax		\$
Certified Copies		25 1st page .25 each a			\$
Copy of Budget		00 each + tax	P-0-		\$
• Other	•	to be determined			\$
• The salary of an employee(s)	\$	labor xh	ours + tay		φ
(hourly rate plus benefits) filling requested generate labor in excet The municipality may reduce or waive a feet shall be uniformly applied among persons what to the municipality to arrange for payment.	g a request, verse of one how the municipal states of the municipal states of the municipal states of the states o	when retrieval and du ur. cipality determines that the	plication of the docum	public interest. Fee	reductions and waivers than the cost would be \$
			TOTAL	CHARGES	
Date Request Received: 8.9.19	Completed By	or Referred to (check a bo	ox below) Name: LY 1/1		
☐ Request for Record(s) Copy(ies) total	8	was received on	and provi	ided or mailed/ema	iled on
☐ Record(s) or Information is exempt fro	m disclosure a	nd public access is denied	and the requestor was notif	fied on	
Record(s) or Information cannot be lo	cated or do not	exist and the requestor wa	as notified on <u>\$.14.19</u>	<u> </u>	
☐ Record(s) or Information available onl	ine at <u>www.cit</u>	yofsitka.com			
☐ Assessing ☐ Centennial Building ☐	nave been copie Finance Fire Departm Harbor Depar Human Resor	ent — — — — — — — — — — — — — — — — — — —	ecords request. IS — Email Library Legal Department Municipal Clerk		